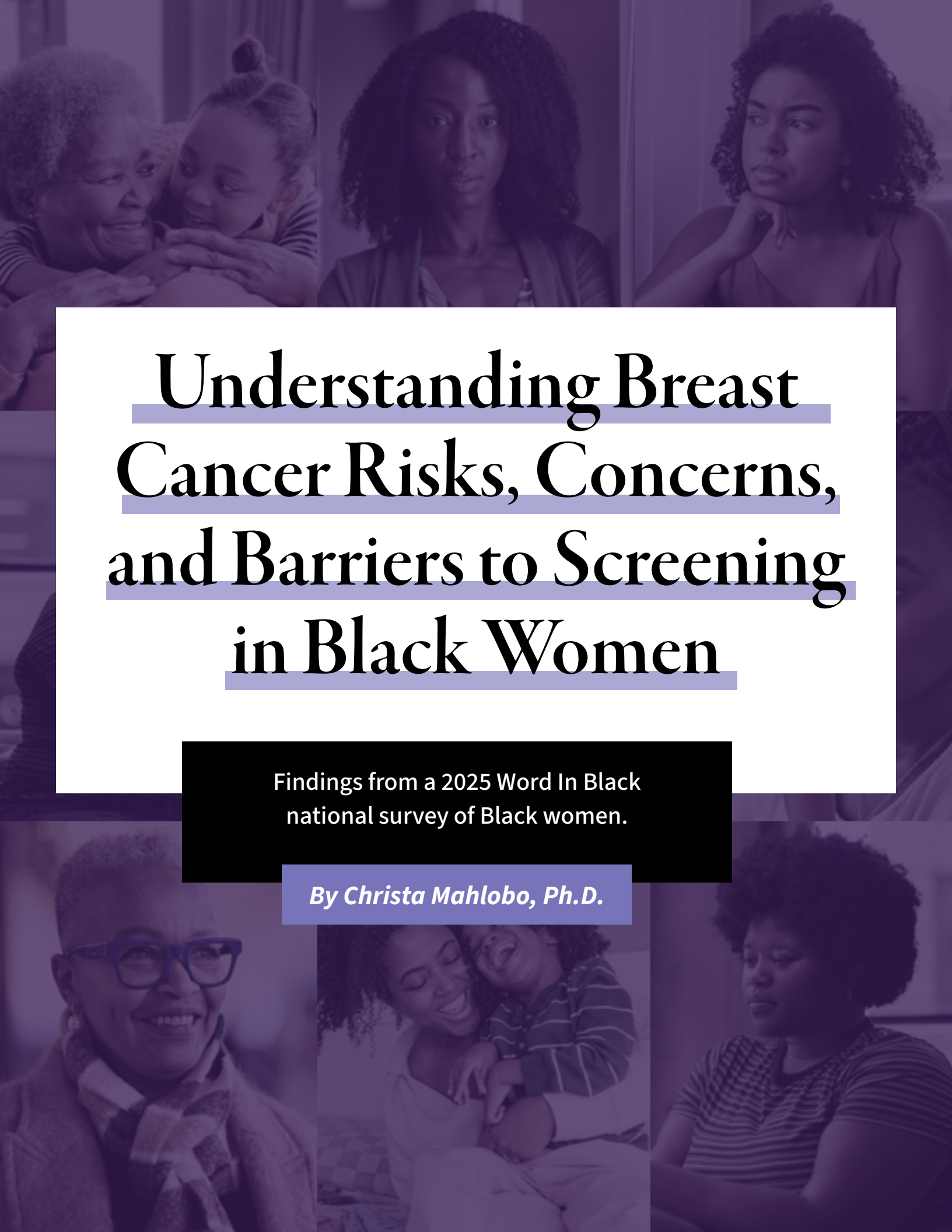
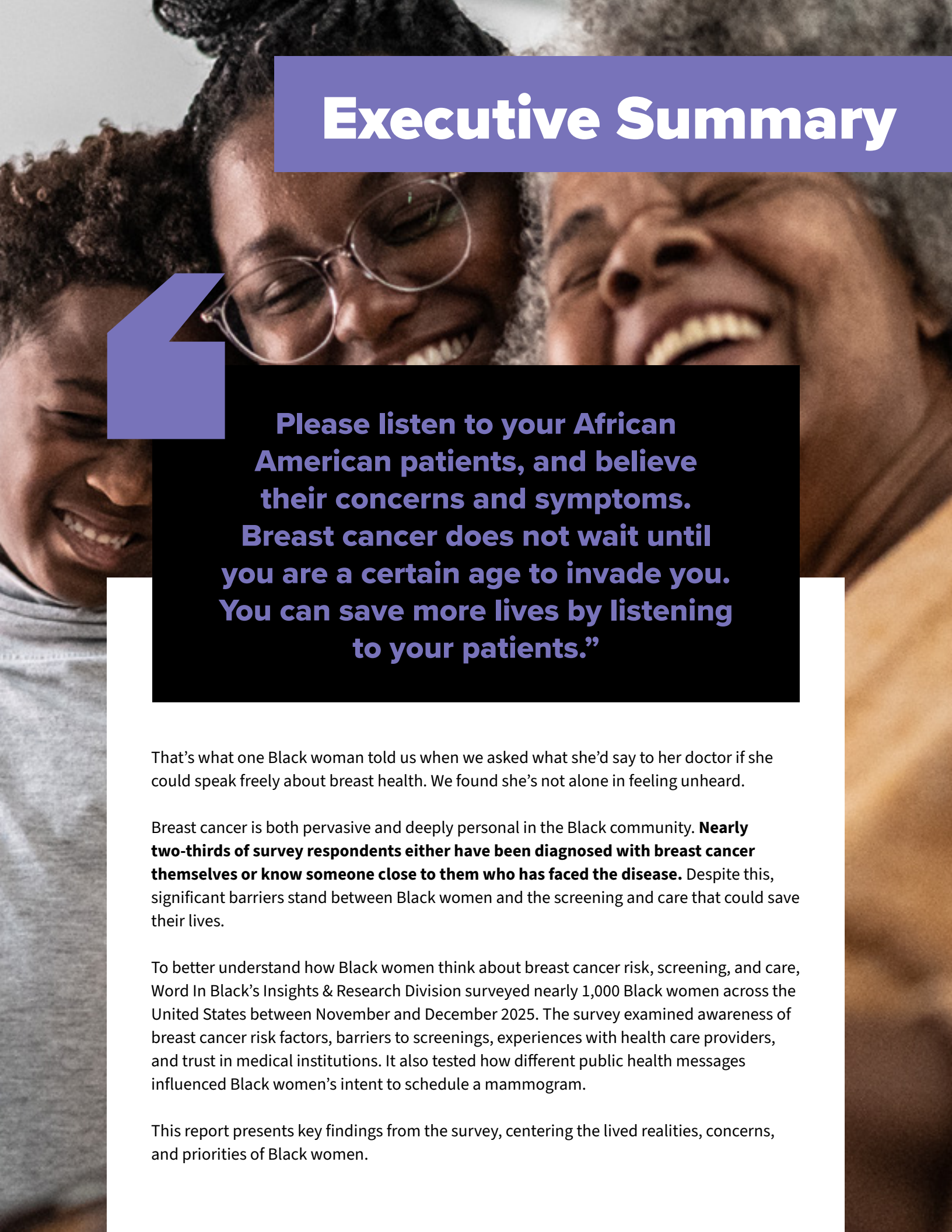


# Understanding Breast Cancer Risks, Concerns, and Barriers to Screening in Black Women

Findings from a 2025 Word In Black national survey of Black women.

*By Christa Mahlobo, Ph.D.*



# Executive Summary

**Please listen to your African American patients, and believe their concerns and symptoms. Breast cancer does not wait until you are a certain age to invade you. You can save more lives by listening to your patients."**

That's what one Black woman told us when we asked what she'd say to her doctor if she could speak freely about breast health. We found she's not alone in feeling unheard.

Breast cancer is both pervasive and deeply personal in the Black community. **Nearly two-thirds of survey respondents either have been diagnosed with breast cancer themselves or know someone close to them who has faced the disease.** Despite this, significant barriers stand between Black women and the screening and care that could save their lives.

To better understand how Black women think about breast cancer risk, screening, and care, Word In Black's Insights & Research Division surveyed nearly 1,000 Black women across the United States between November and December 2025. The survey examined awareness of breast cancer risk factors, barriers to screenings, experiences with health care providers, and trust in medical institutions. It also tested how different public health messages influenced Black women's intent to schedule a mammogram.

This report presents key findings from the survey, centering the lived realities, concerns, and priorities of Black women.

# Key Findings

## Fear is the primary barrier to screening.

Nearly 60% of respondents cite fear or anxiety about the procedure or results as the primary barrier to mammogram screening — not cost, not lack of insurance, or distrust of the health care system. [1]

## A genetic testing gap leaves Black women vulnerable.

Nearly three-fourths of respondents report that no health care provider has ever discussed genetic counseling or testing with them, despite Black women being disproportionately affected by aggressive, early-onset, triple-negative breast cancers linked to BRCA1 mutations.

## Knowledge gaps persist around risk factors.

Only 6% of respondents recognized obesity or physical inactivity as risk factors for breast cancer, despite strong medical evidence linking both to higher risk, revealing significant gaps in public health education. This knowledge gap is particularly striking given that two-thirds of our respondents hold bachelor's degrees or higher, suggesting that even among highly educated Black women, this critical health information is not reaching them.

## That messaging makes a difference.

Risk-reduction messages that emphasize personal agency and clear outcomes significantly outperformed community or story-based approaches. Nearly 58% of respondents who saw this message said they were very or extremely likely to schedule a mammogram compared to the other two approaches.

## Trust in health care remains a barrier.

Just over one-third of respondents distrust the health care system, a response rooted in experiences of dismissal, racism, and unequal quality of care.

Together, these findings represent the breast health realities of Black women and underscore the need for public health strategies that go beyond expanding access alone. They reveal that Black women are not only seeking medical information, but also compassionate, transparent, culturally responsive care — and centering Black women's lived experiences is critical if we want to improve their breast health.

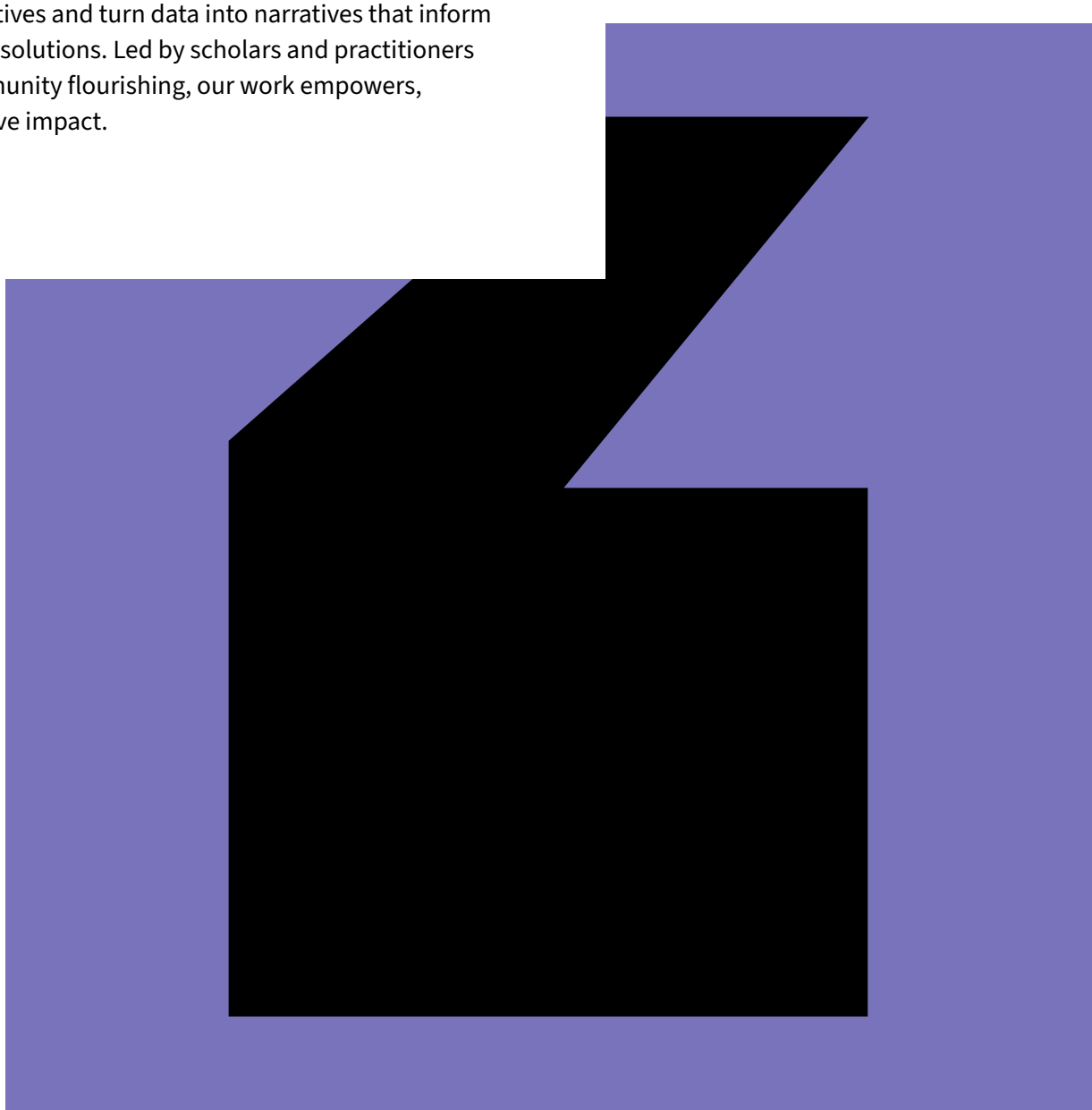
1 It is important to note that this finding comes from a sample where among respondents who reported income, 59% earned $75,000 or more annually. For Black women facing more acute financial constraints, cost and access barriers may be equally or more significant than fear as a barrier.

# About Us

## Word In Black Insights & Research Division

Word In Black (WIB) was launched in 2020 in the aftermath of the murder of George Floyd, in partnership with 10 of the nation's legendary Black publishers and the Local Media Foundation. In 2025, the organization launched the WIB Insights & Research Division.

The division delivers authentic, data driven insights about Black America grounded in perspectives shared directly by people in the communities we serve. Through trusted publishing partners and deep community relationships, we execute large-scale quantitative and qualitative research initiatives and turn data into narratives that inform storytelling, strategy, and solutions. Led by scholars and practitioners committed to Black community flourishing, our work empowers, informs, and drives positive impact.



# Introduction

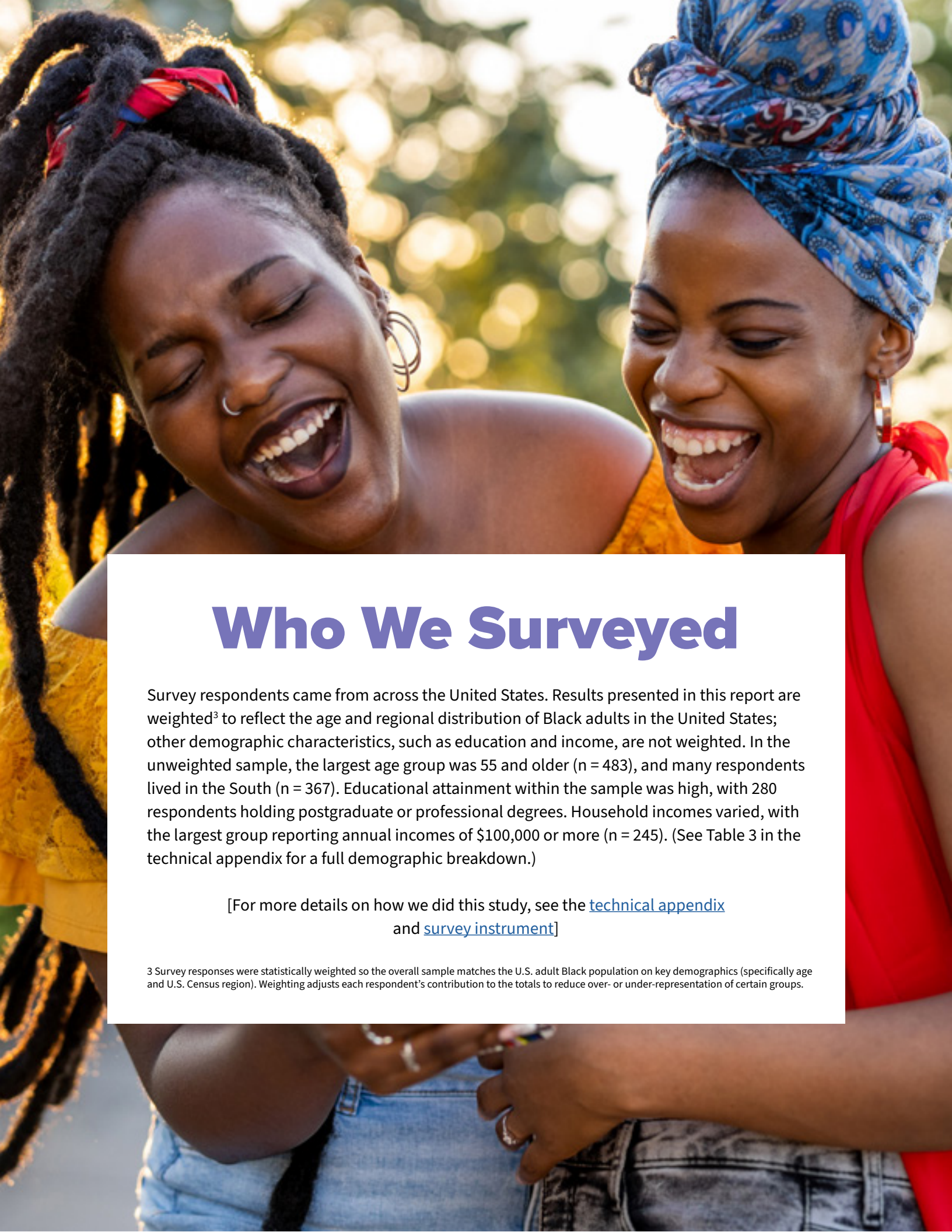
Breast cancer remains one of the most common cancers affecting women in the United States. Close to 1 in 8 women in the U.S. will be diagnosed with an invasive[2] form of breast cancer (2024-2025). Black women face disproportionately higher mortality despite lower incidence rates than white women. This disparity is driven by multiple social, geographic, lifestyle, and economic factors that contribute to later diagnosis, including delays after an abnormal mammogram — which are more common for Black women — and less access to high-quality treatment.

To move beyond statistics and understand the lived experiences of Black women that shape breast health, Word In Black's Insights & Research Division conducted a national survey of 922 Black women between November 5, 2025, and December 1, 2025. The survey explored:

- Personal and family history with breast cancer
- Knowledge of risk factors and screening guidelines
- Barriers to accessing mammograms and other preventive care
- Quality of communication with health care providers
- Trust in the health care system

The survey included an experimental component that randomly assigned participants to view one of three messages about mammogram screening, and then measured their intent to schedule an appointment. This method enabled us to assess which risk-reduction communication approaches are most effective at motivating Black women to seek preventive care.

2 Invasive forms of breast cancer describe cancer that has spread from where it originated in the glands and ducts into the surrounding tissue.



# Who We Surveyed

Survey respondents came from across the United States. Results presented in this report are weighted[3] to reflect the age and regional distribution of Black adults in the United States; other demographic characteristics, such as education and income, are not weighted. In the unweighted sample, the largest age group was 55 and older (n = 483), and many respondents lived in the South (n = 367). Educational attainment within the sample was high, with 280 respondents holding postgraduate or professional degrees. Household incomes varied, with the largest group reporting annual incomes of $100,000 or more (n = 245). (See Table 3 in the technical appendix for a full demographic breakdown.)

[For more details on how we did this study, see the technical appendix and survey instrument]

3 Survey responses were statistically weighted so the overall sample matches the U.S. adult Black population on key demographics (specifically age and U.S. Census region). Weighting adjusts each respondent's contribution to the totals to reduce over- or under-representation of certain groups.

# Breast Cancer Risk Awareness and Risk Perception

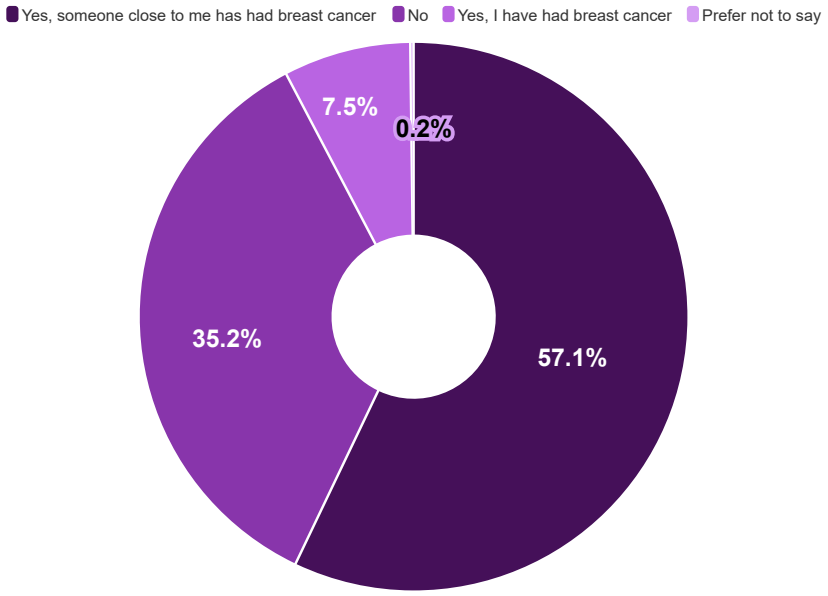
## Personal Connection to Breast Cancer Is Widespread

Survey results show that breast cancer is not a distant or abstract issue for most respondents. Nearly two-thirds reported either having been diagnosed themselves or knowing someone close to them who had breast cancer (Figure 1). While only a small share reported a personal diagnosis (7.5%), more than half indicated that a family member or close acquaintance had experienced breast cancer (57.1%) — underscoring how deeply embedded the disease is within Black social networks.

This widespread personal exposure may help explain why many respondents think about breast cancer at least occasionally. When asked, more than half of respondents reported thinking about the possibility of developing breast cancer "sometimes" or even more often, suggesting a persistent background awareness of the disease (Figure 2).

Figure 1.

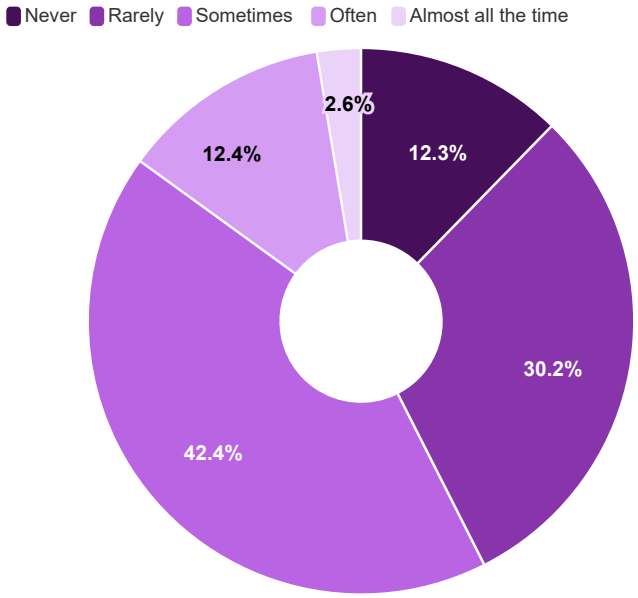
**Have you or someone close to you ever been diagnosed with breast cancer?**




Source: Word In Black Insights & Research Division
2025 Reader Survey of Black Women on Breast Cancer Risk and Screening (Nov. 5–Dec. 1, 2025)
Credit: Christa Mahlobo, Ph.D.; Kyle Rickhoff

Figure 2.

**How often do you find yourself thinking about the possibility of developing breast cancer?**

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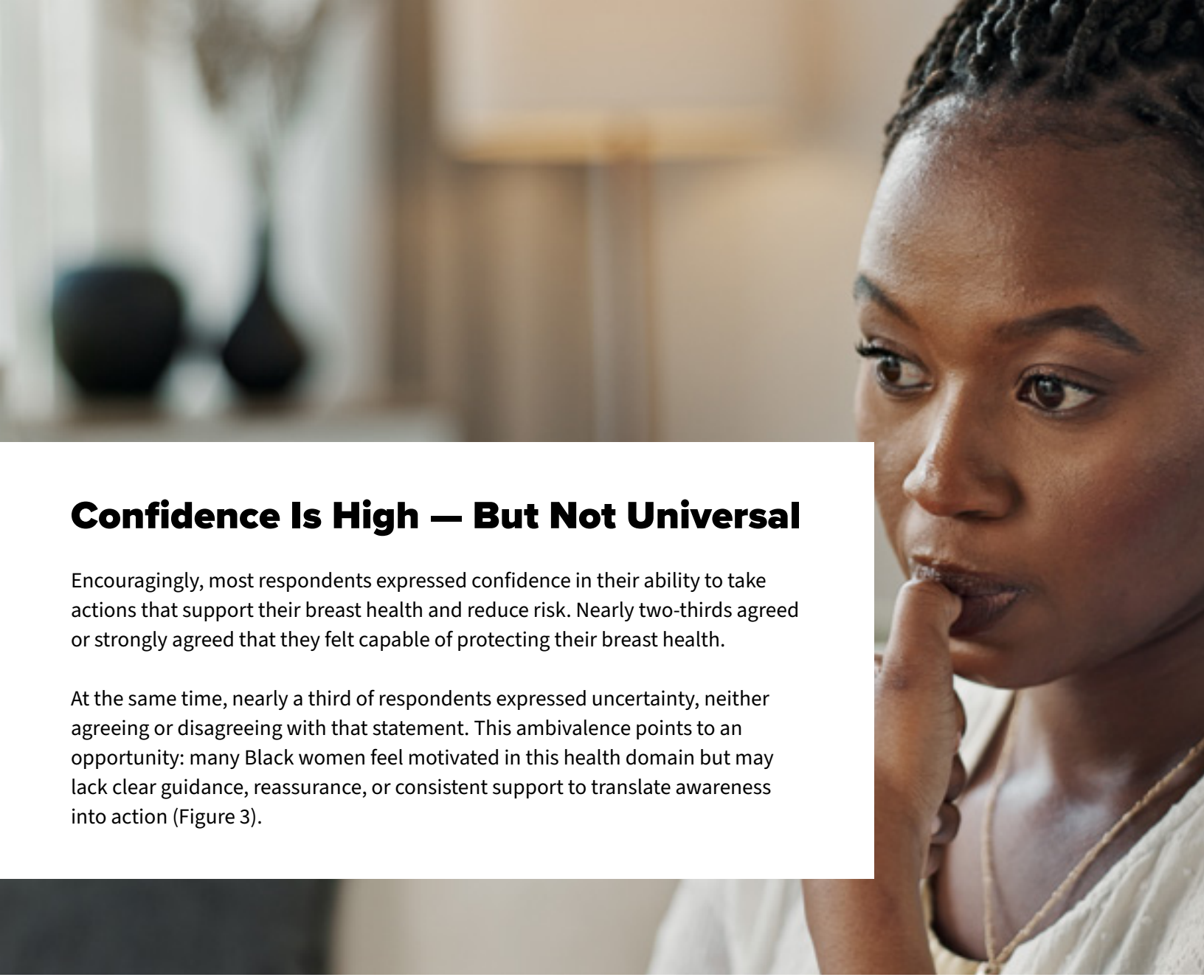


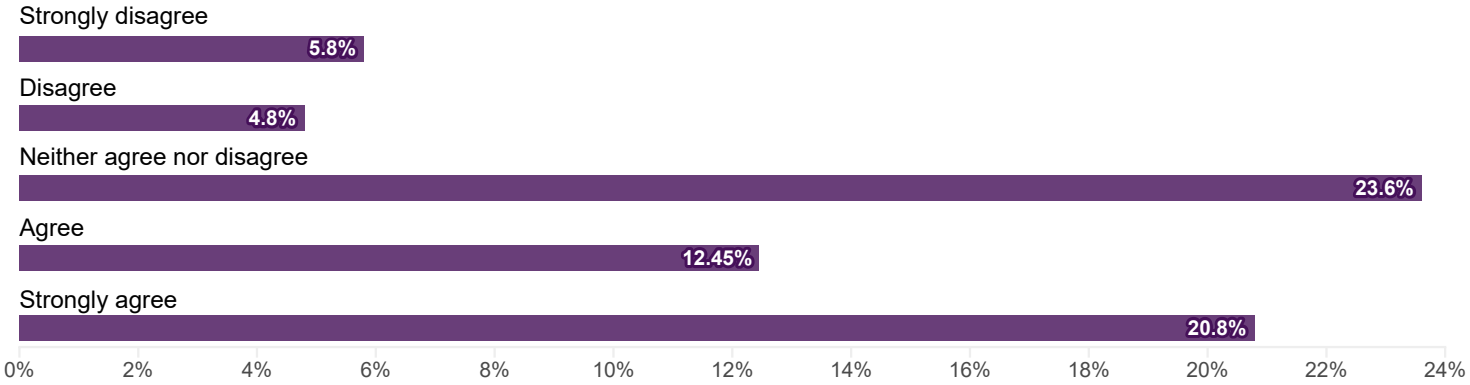
## Confidence Is High — But Not Universal

Encouragingly, most respondents expressed confidence in their ability to take actions that support their breast health and reduce risk. Nearly two-thirds agreed or strongly agreed that they felt capable of protecting their breast health.

At the same time, nearly a third of respondents expressed uncertainty, neither agreeing or disagreeing with that statement. This ambivalence points to an opportunity: many Black women feel motivated in this health domain but may lack clear guidance, reassurance, or consistent support to translate awareness into action (Figure 3).

Figure 3.

### I feel confident that I could take actions that support my breast health and reduce risk

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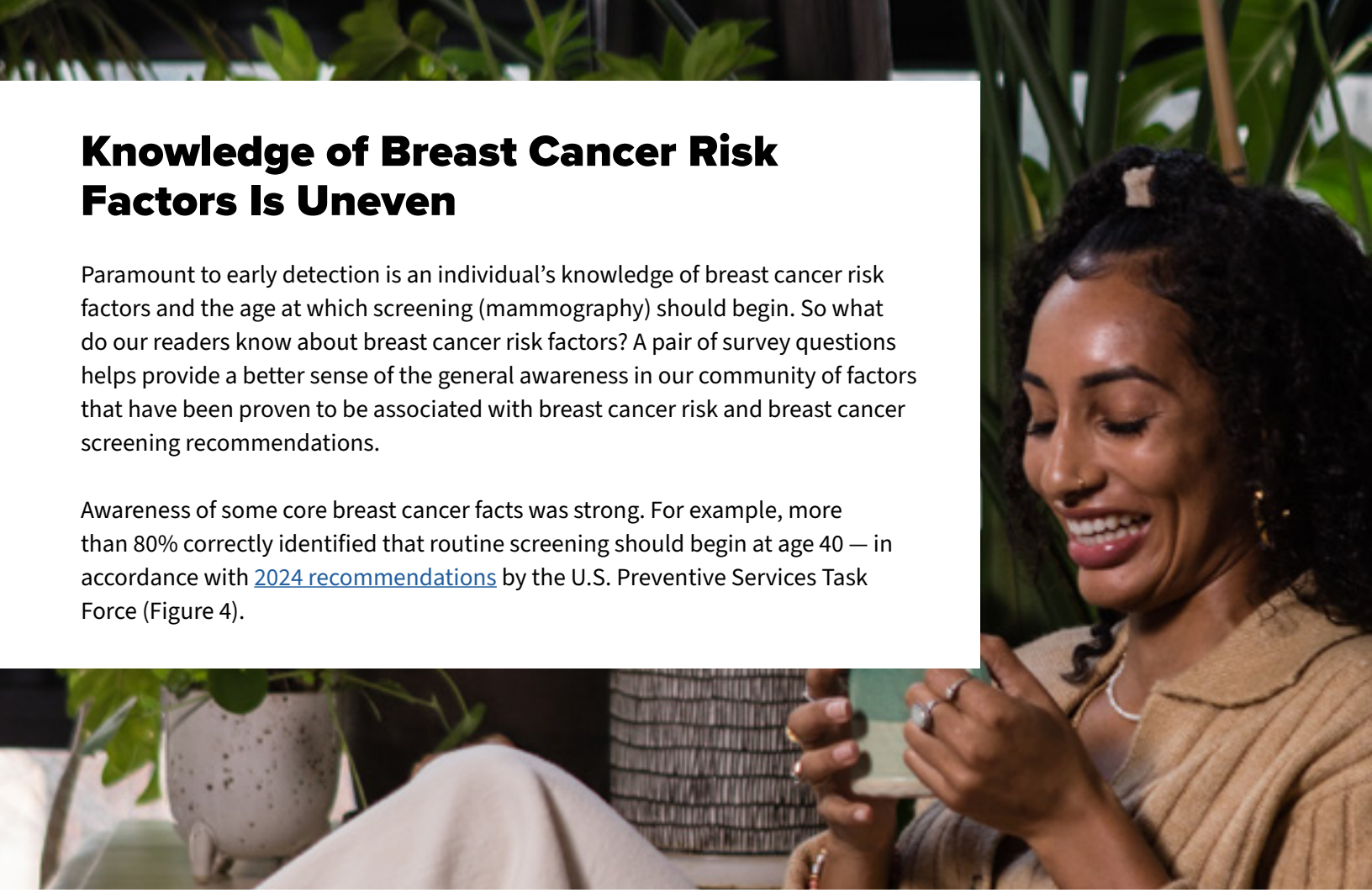


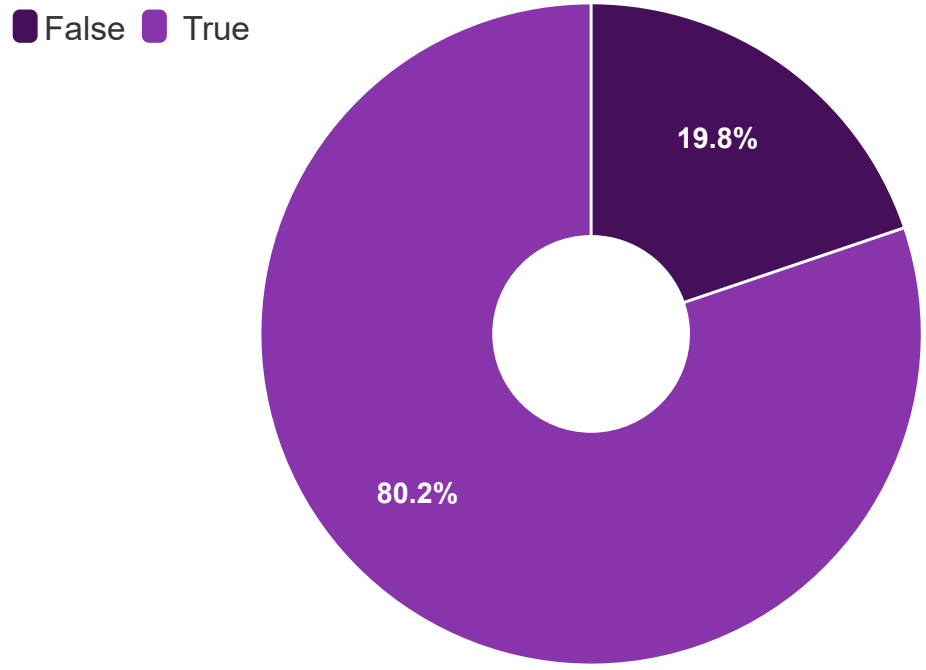
# Knowledge of Breast Cancer Risk Factors Is Uneven

Paramount to early detection is an individual's knowledge of breast cancer risk factors and the age at which screening (mammography) should begin. So what do our readers know about breast cancer risk factors? A pair of survey questions helps provide a better sense of the general awareness in our community of factors that have been proven to be associated with breast cancer risk and breast cancer screening recommendations.

Awareness of some core breast cancer facts was strong. For example, more than 80% correctly identified that routine screening should begin at age 40 — in accordance with 2024 recommendations by the U.S. Preventive Services Task Force (Figure 4).

Figure 4.

## Major medical organizations recommend starting regular breast cancer screening at age 40.



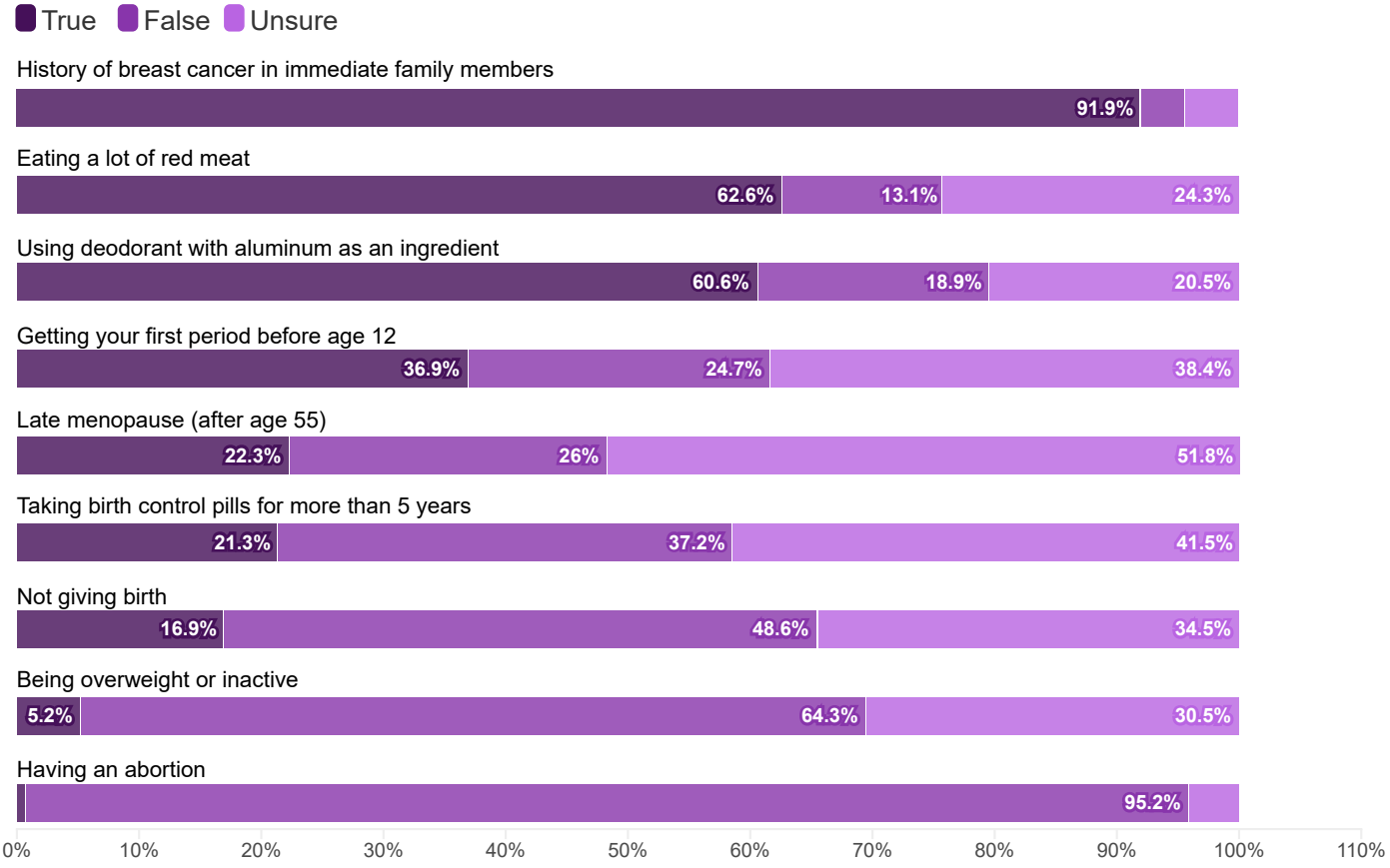

Source: Word In Black Insights & Research Division
2025 Reader Survey of Black Women on Breast Cancer Risk and Screening (Nov. 5–Dec. 1, 2025)
Credit: Christa Mahlobo, Ph.D.; Kyle Rickhoff

Knowledge about family history as a risk factor was high, with more than 90% recognizing that having immediate family members with breast cancer increases risk (Figure 5). However, substantial uncertainty emerged around other risk factors. Many respondents were unsure whether long-term birth control use, early menstruation, late menopause, or reproductive history affect breast cancer risk. Additionally, large shares of respondents believed that deodorant use and red meat consumption increase breast cancer risk — beliefs that reflect common public discourse but have not always been linked to clear or consistent medical research. [4]

Misperceptions were especially pronounced for lifestyle and environmental factors, with only about 6% indicating that they believed being overweight or inactive contributed to breast cancer risk, despite strong and consistent evidence linking obesity and being overweight to higher risk of breast cancer after menopause and linking higher physical activity with lower breast cancer risk. Taken together, these findings suggest that while general awareness exists, detailed and actionable understanding of breast cancer risk remains fragmented.

Figure 5

## Please tell us whether you believe each of the following can affect breast cancer risk.




Source: Word In Black Insights & Research Division
2025 Reader Survey of Black Women on Breast Cancer Risk and Screening (Nov. 5–Dec. 1, 2025)
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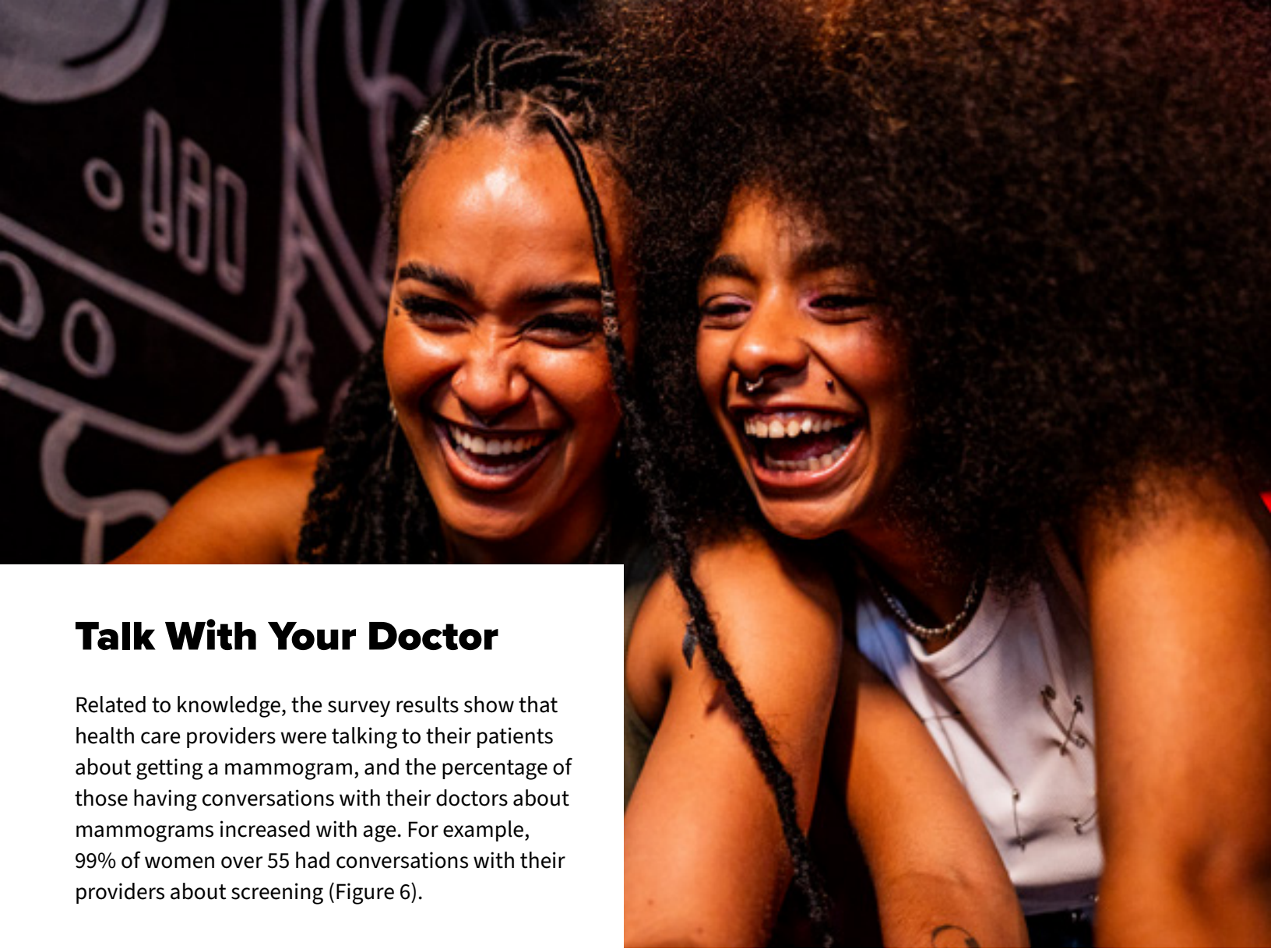
4 To view the full list of true/false questions about breast cancer risk factors and the correct answers, click here.

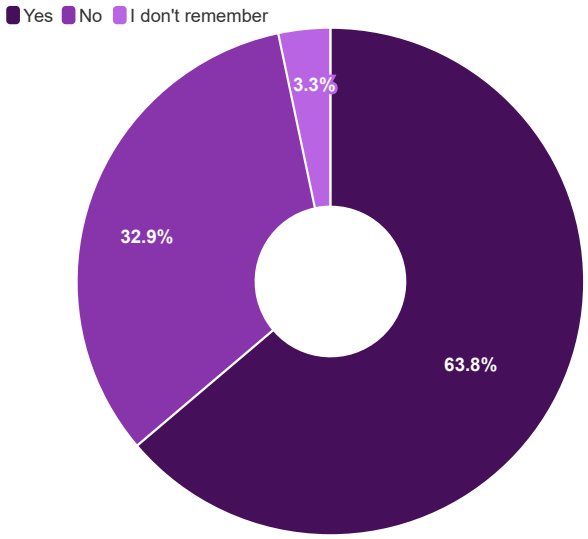


## Talk With Your Doctor

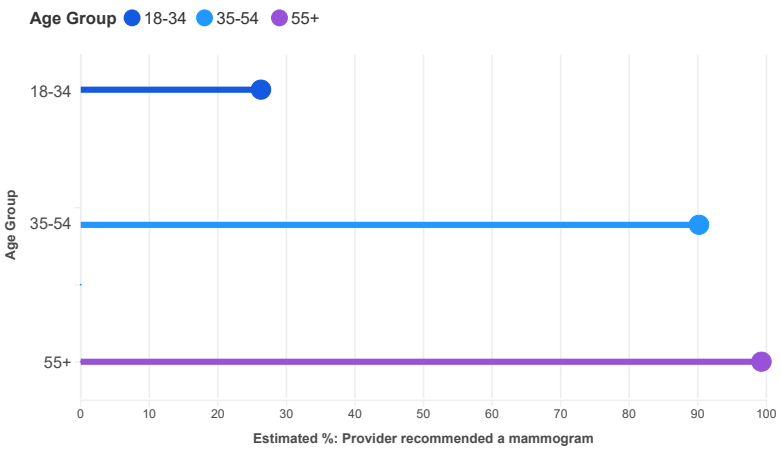
Related to knowledge, the survey results show that health care providers were talking to their patients about getting a mammogram, and the percentage of those having conversations with their doctors about mammograms increased with age. For example, 99% of women over 55 had conversations with their providers about screening (Figure 6).

Figure 6.

### Has a health care provider ever talked to you about getting a mammogram?




### Provider mammogram recommendation, by age

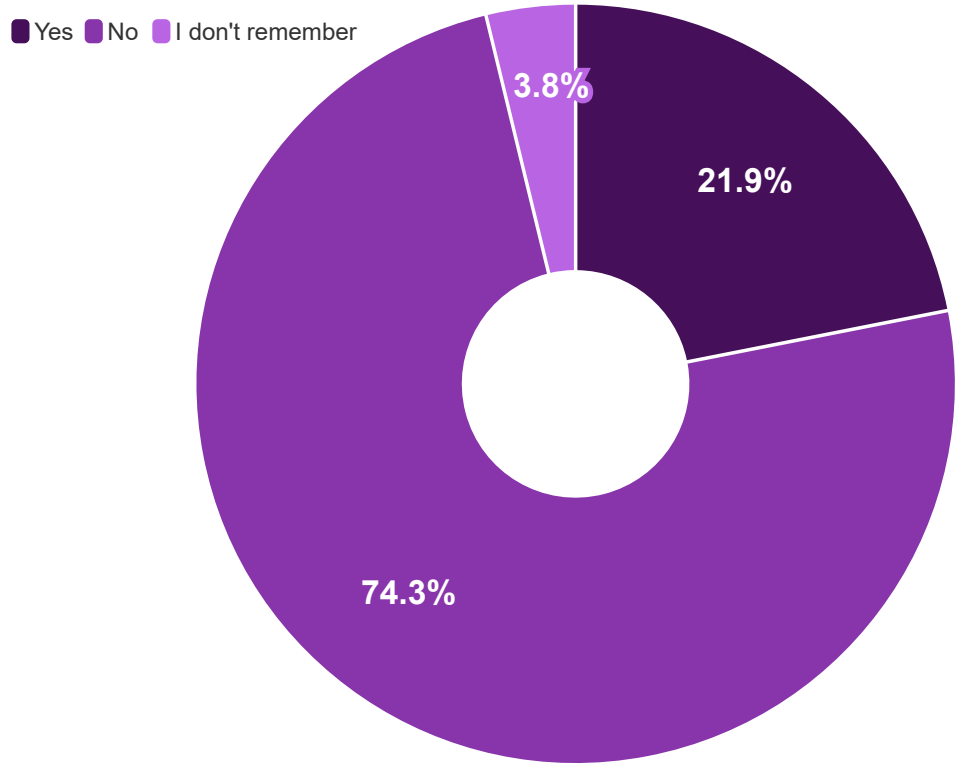



Source: Word In Black Insights & Research Division
2025 Reader Survey of Black Women on Breast Cancer Risk and Screening (Nov. 5–Dec. 1, 2025)
Credit: Christa Mahlobo, Ph.D.; Kyle Rickhoff

Despite the fact that Black women are disproportionately affected by aggressive, early-onset, triple-negative breast cancers linked to BRCA1, nearly three-quarters of respondents (74.3%) report that no provider has ever discussed genetic counseling or testing with them (Figure 7). This gap persists even as research increasingly shows that BRCA mutations among young Black women with breast cancer are more common than previously understood, making knowledge of genetic testing and self-advocacy critical tools for earlier detection and better outcomes.

Figure 7.

## Has a health care provider ever talked to you about genetic counseling or testing for inherited breast cancer risk (such as BRCA1 or BRCA2)?

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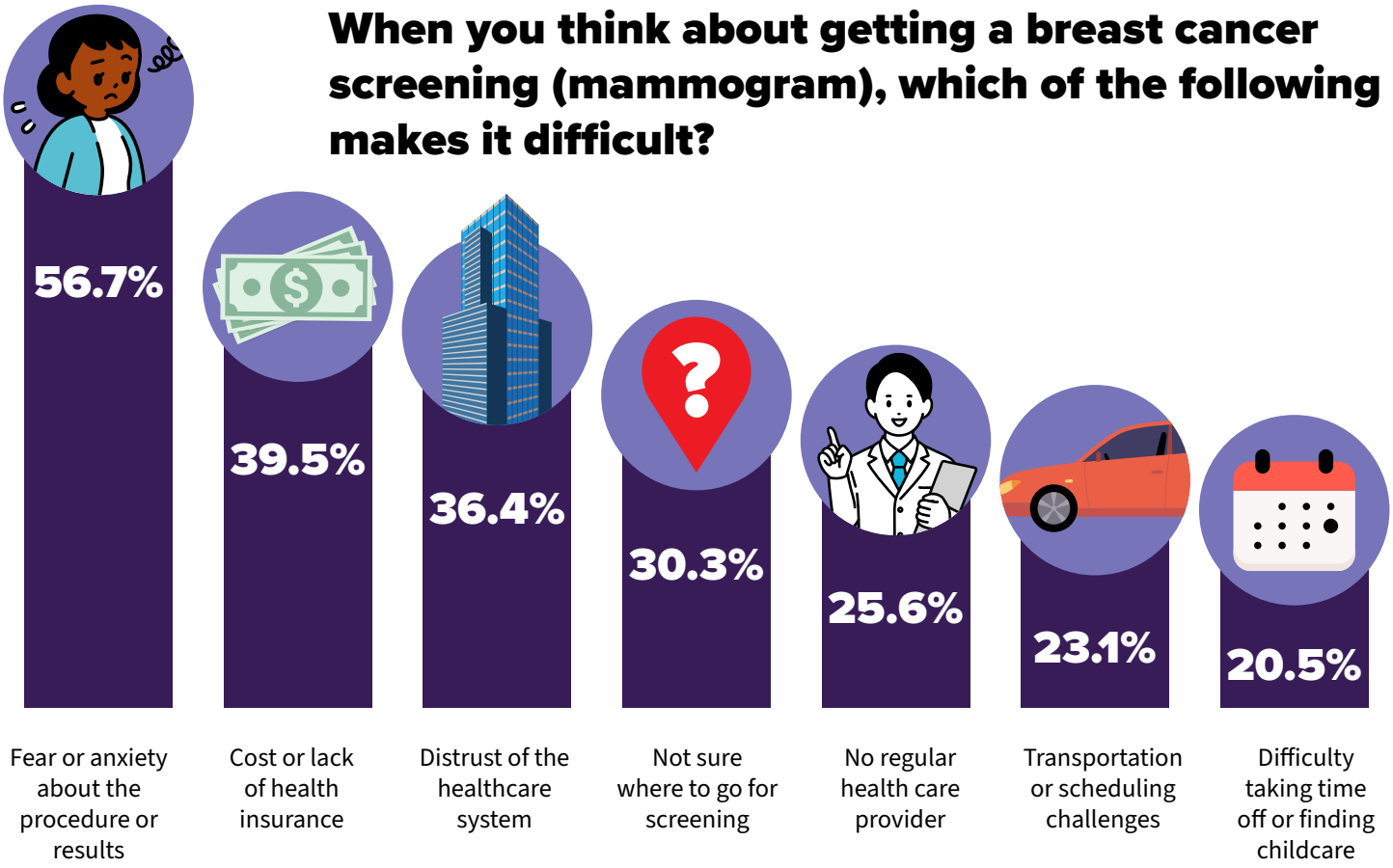
Credit: Christa Mahlobo, Ph.D.; Kyle Rickhoff

# Barriers to Care

There are other significant hurdles to improving breast health, including overcoming individual, social, socioeconomic, and logistical barriers to screening. The top response (nearly 60% of Black women) to the question *"When you think about getting breast cancer screening (a mammogram), which of the following makes it difficult"* was fear or anxiety about the procedure or results. Fear as a barrier outpaced even structural concerns such as cost, insurance, and access.. This points to a powerful opportunity for a public health campaign that not only provides information but also directly addresses fear — normalizing screening, centering Black women's experiences, and reframing mammograms as acts of care rather than sources of distress.

Financial and systemic barriers were also substantial: nearly 40% cited cost or lack of health insurance, and more than one-third pointed to distrust of the healthcare system (36.4%). Navigation challenges were also common, with nearly one in three unsure where to go for screening (30.3%) and one in four reporting no regular health care provider (25.6%). Logistical constraints — including transportation, scheduling, and childcare — further compound these challenges.

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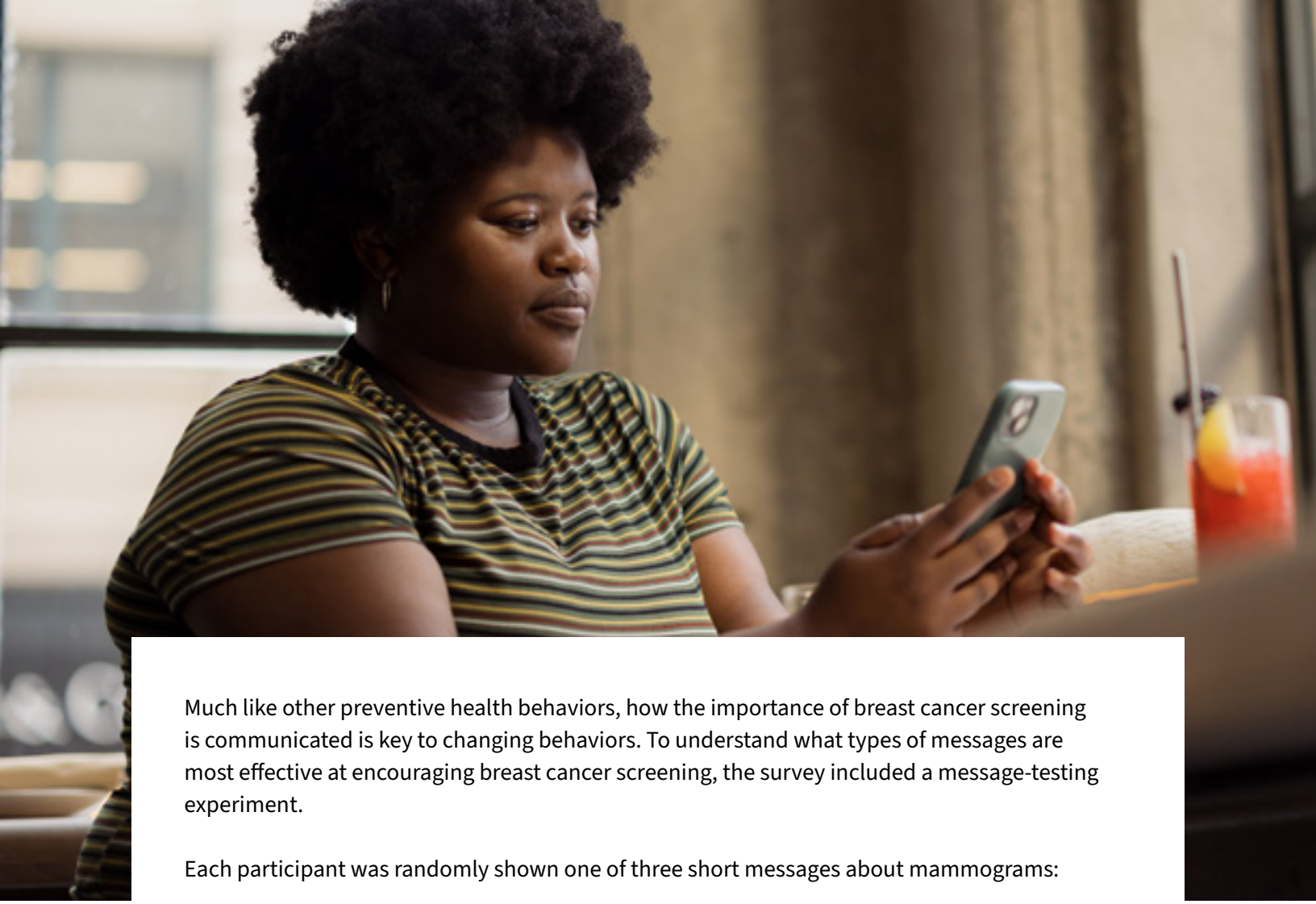
# Breast Cancer Screening Message Testing

**Which Performs Best?**



Much like other preventive health behaviors, how the importance of breast cancer screening is communicated is key to changing behaviors. To understand what types of messages are most effective at encouraging breast cancer screening, the survey included a message-testing experiment.

Each participant was randomly shown one of three short messages about mammograms:

## Message 1 Risk-Reduction:

"Getting a mammogram could save your life. Breast cancer caught early is 99% treatable. Don't wait—protect your health and your future by getting screened."

## Message 2 Community-Protection:

"When you get screened, you protect more than just yourself—you protect your family, your friends, and your community. Early detection means more mothers, sisters, and daughters staying healthy together."

## Message 3 Testimonial:

"I almost skipped my mammogram last year, but it caught something early—and that made all the difference. It was quick, and I'm so grateful I went. Please don't wait to take care of yourself."
— Tanya, 45 years old

Participants were then asked, "How likely would you be to schedule a mammogram in the next 3 months after reading this message?" They rated their likelihood on a scale of 1 ("Not at all likely") to 5 ("Extremely likely").

# What We Found

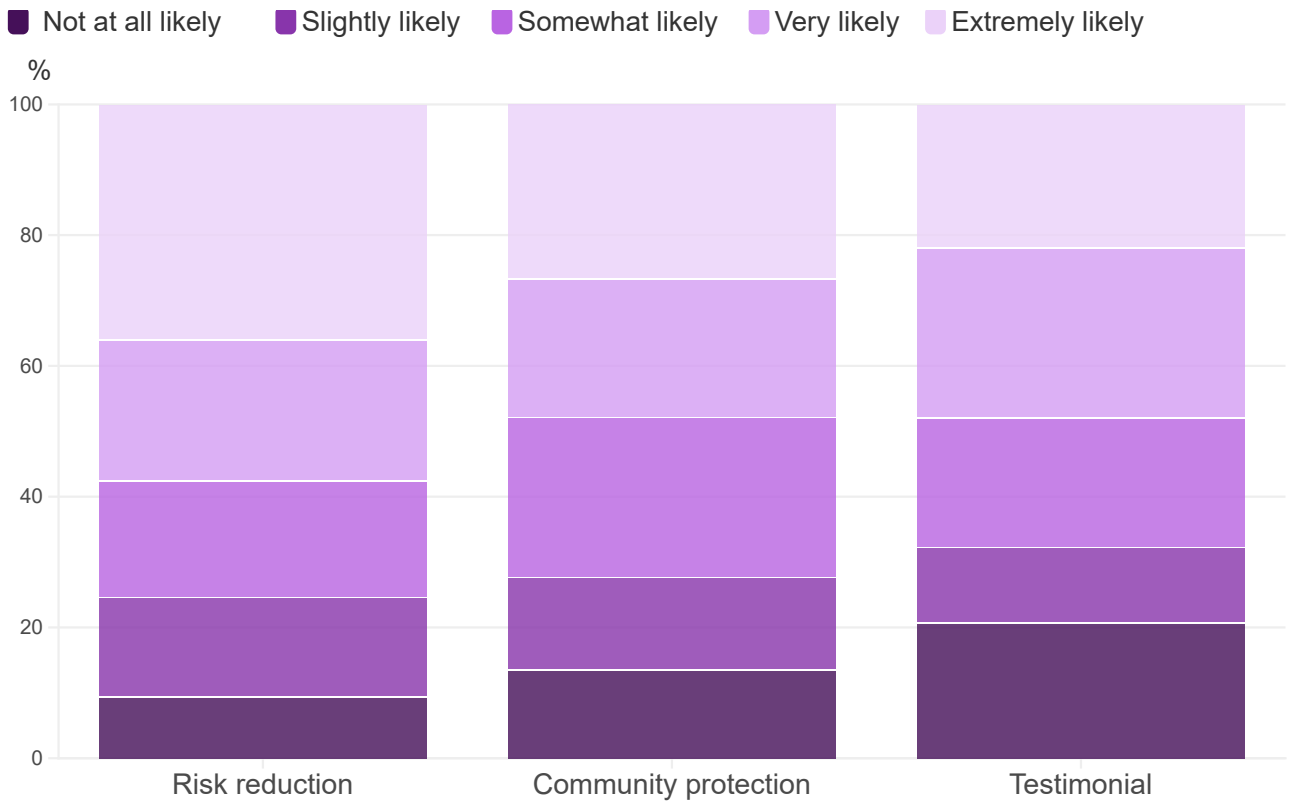
The **risk-reduction message** was the most effective at motivating strong intent. (Figure 8) Nearly 58% of respondents who saw this message said they were very or extremely likely to schedule a mammogram — about 10 percentage points higher than those who saw the community-protection or testimonial messages.

The testimonial message, on the other hand, while meaningful for some, also produced the most resistance. It had the highest share of respondents who said they were not at all likely to schedule a screening, suggesting that personal stories alone may not be enough to overcome the fear or hesitation associated with mammograms and early screening.

Figure 8.

## Messages Increase Screening Intent

**The risk reduction message was the most effective at motivating strong intent to screen.**

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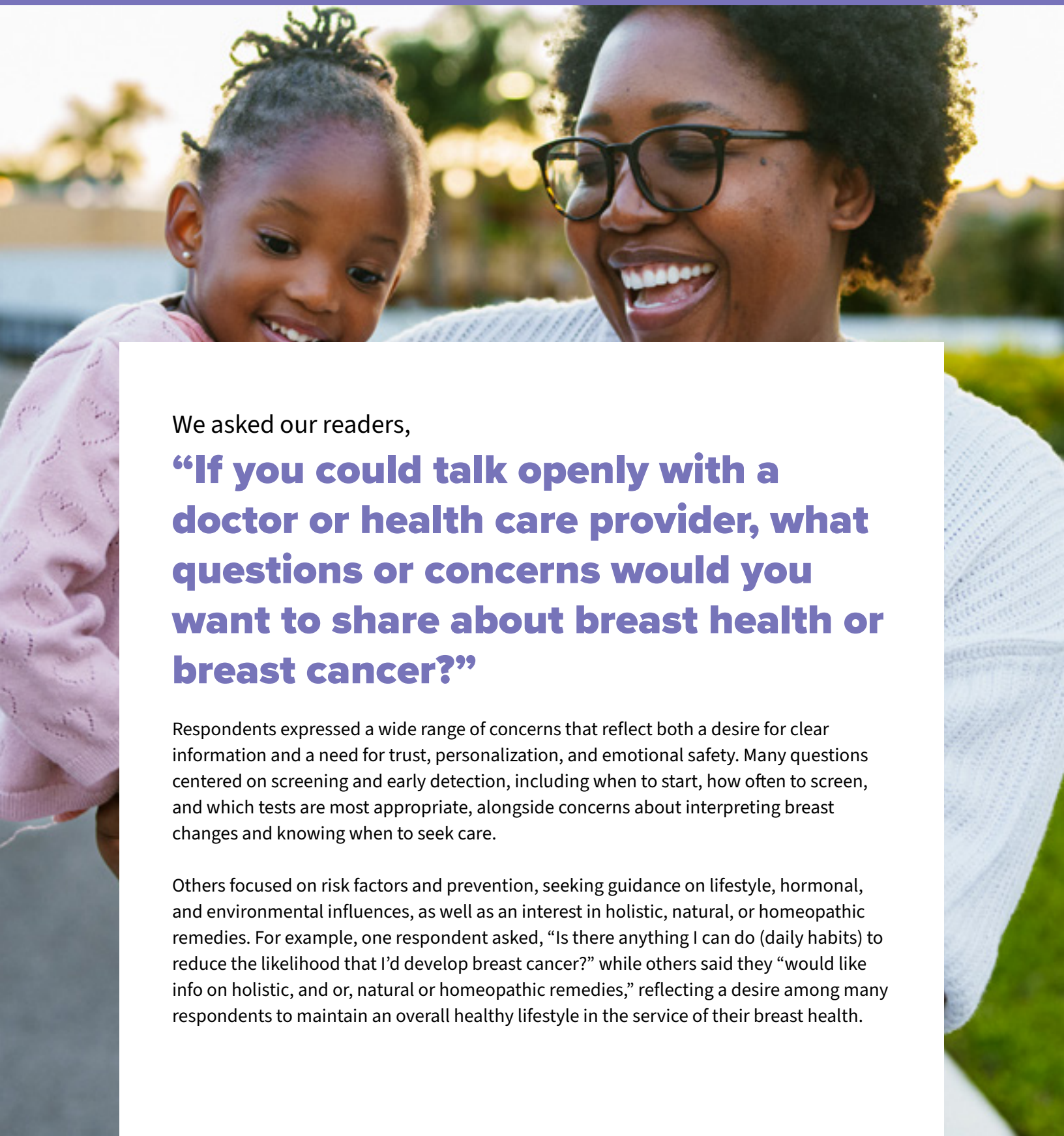
# Reader FAQ:
## Breast Health and Breast Cancer



We asked our readers,

### “If you could talk openly with a doctor or health care provider, what questions or concerns would you want to share about breast health or breast cancer?”

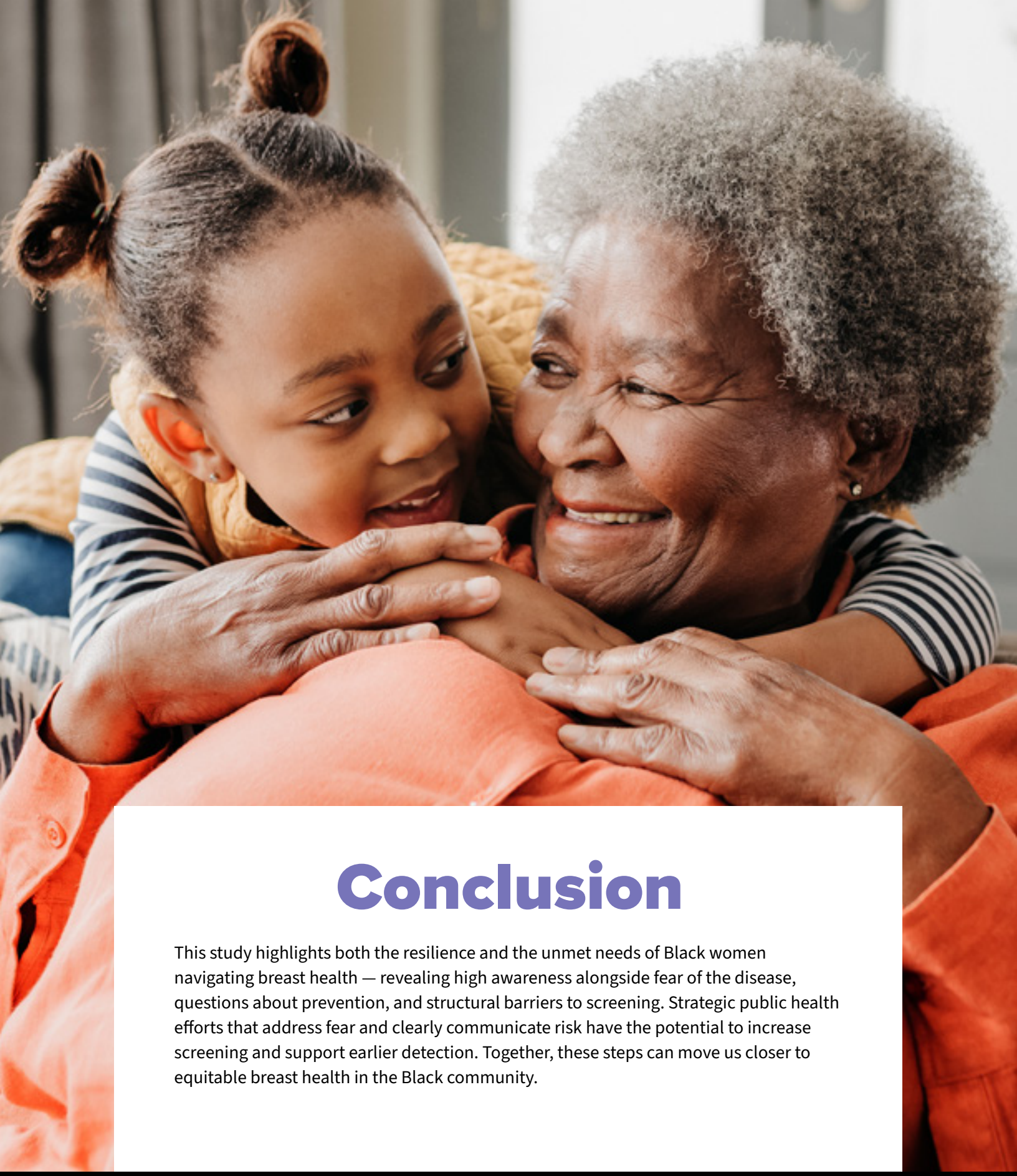
Respondents expressed a wide range of concerns that reflect both a desire for clear information and a need for trust, personalization, and emotional safety. Many questions centered on screening and early detection, including when to start, how often to screen, and which tests are most appropriate, alongside concerns about interpreting breast changes and knowing when to seek care.

Others focused on risk factors and prevention, seeking guidance on lifestyle, hormonal, and environmental influences, as well as an interest in holistic, natural, or homeopathic remedies. For example, one respondent asked, “Is there anything I can do (daily habits) to reduce the likelihood that I’d develop breast cancer?” while others said they “would like info on holistic, and or, natural or homeopathic remedies,” reflecting a desire among many respondents to maintain an overall healthy lifestyle in the service of their breast health.

# Top 7 Themes

| Theme | Definition | Quote |
|---|---|---|
| **Screening & early detection** | Questions about when/how to screen, which tests to use (mammogram/MRI/ultrasound), frequency/starting age, self-exams, biopsies, and early detection reliability. | "I would ask the provider to guide me through any new changes in my breast and what isn't, and when it's truly necessary to seek urgent care." |
| **Breast cancer risk factors & prevention** | Questions about what causes breast cancer and how to prevent/reduce risk (diet, lifestyle, inflammation, hormones/menopause, environmental exposures; sometimes interest in natural/homeopathic prevention). | "I'd want them to share all up to date breast cancer information & treatment options both medically, and or, holistic, and or, natural or homeopathic remedies." |
| **Genetics & family history** | Questions about inherited risk, family history, BRCA/genetic testing, what results mean, and when to test. | "I am aware that I have family members with the gene and because I have a daughter I would ask about genetic testing." |
| **Treatment, side effects & survivorship** | Questions about treatment options, side effects, surgery/chemo/radiation, recurrence, and survivorship. | "Since I already have breast cancer, and survived, and have other family members with breast cancer, I would ask what else can I do to help prevent breast cancer from coming back?" |
| **Disparities, bias, trust & quality of care** | Concerns about inequities and bias, being heard, equal quality of care, and racial differences in outcomes/data. | "Please listen to your African American patients, and believe their concerns and symptoms. Breast cancer does not wait until you are a certain age to invade you. You can save more lives by listening to your patients." |
| **Symptoms, breast changes & breast density** | Questions about symptoms or breast changes (lumps, texture, discharge, skin changes), dense breasts, and what these signs mean. | "I have dense breast tissue and so do my daughters. I know that in most cases breast cancer can not be identified until too late due to not [having] the proper scans." |
| **Communication & decision-making** | Questions about how to talk with clinicians, what to ask next, navigating options, and myth-checking. | "What are your current circumstances at home and how is your environment? Do you have a support system? Has there been any major life changes? Stress is the number 1 contributor to cancer." |

Overall, these themes illustrate that Black women are not only seeking medical facts but also compassionate, transparent, and culturally responsive care that acknowledges their experiences and supports informed action.



# Conclusion

This study highlights both the resilience and the unmet needs of Black women navigating breast health — revealing high awareness alongside fear of the disease, questions about prevention, and structural barriers to screening. Strategic public health efforts that address fear and clearly communicate risk have the potential to increase screening and support earlier detection. Together, these steps can move us closer to equitable breast health in the Black community.

To find out more: View the methodology and survey questions used for this report, as well as our infographic on Breast Cancer Awareness featuring breast cancer stories from across WIB publications.

## Use of Research & Licensing Policy



## Acknowledgments

This research was supported by the John D. and Catherine T. MacArthur Foundation. Additionally, this research was made possible by a grant from the Commonwealth Fund – a nonprofit health care research foundation dedicated to promoting an equitable healthcare system for everyone.